



THE CITY THAT WORKS

Saint Charles, Missouri

City of St. Charles, Missouri
Human Resources Department
200 North Second Street
St. Charles, Missouri 63301
Phone: (636) 949-3232
Fax: (636) 940-4606

File # _____
Active Until _____

City of St. Charles Application for Employment

Please complete all questions to be considered for employment. Completed applications will remain active for one year from the date received. Candidates must contact Human Resources should they wish to be considered for a position other than the one for which they originally applied.

Name _____ Date of Application _____

Present Address _____ City, State, Zip _____

Primary Phone _____ Alternate Phone _____

Specific position applied for _____ e-Mail _____

_____ ☐ Full-Time ☐ Part-Time ☐ Second Shift ☐ Third Shift

_____ ☐ Temporary/Seasonal ☐ Rotating Shift

If employee referral, please provide employee name _____

To the best of your knowledge, would you be able to perform all the essential functions of this position with or without reasonable accommodation? ☐ Yes ☐ No

If no, which functions would be inhibited? _____

APPLICANTS REQUIRING DISABILITY-RELATED ACCOMMODATIONS FOR INTERVIEWS SHOULD REQUEST THEM IN ADVANCE.

Days Available _____ Hours Available _____

Date Available for Work _____ Location(s) _____

Will you work overtime if asked? ☐ Yes ☐ No

Will you work weekends if necessary? ☐ Yes ☐ No

Do you have a dependable means of transportation? ☐ Yes ☐ No

Can you travel if the job so requires? ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

If employed and you are under 18, can you furnish a work permit? ☐ Yes ☐ No

Have you been employed by us before? ☐ Yes ☐ No If yes, when? _____

Why did you leave? _____

Have you applied/tested for employment with us previously? ☐ Yes ☐ No Date and Position _____

Do you have relatives employed by the City? ☐ Yes ☐ No If yes, name and relationship _____

Would you be engaged in any other business while in our employment? ☐ Yes ☐ No If yes, in what capacity? _____

How did you learn of this job with the City of St. Charles? ☐ City Website ☐ Newspaper Ad ☐ Job Board (please specify)

☐ Current/Former City Employee ☐ Friend ☐ Other _____

Are you a U.S. citizen, or can you demonstrate eligibility to work in the United States?* ☐Yes ☐No

Have you ever been convicted, pleaded guilty, or pleaded "No Contest" to a felony? ☐Yes ☐No

If yes, please explain: _____

Have you ever been discharged or asked to resign by a former employer? ☐Yes ☐No

If yes, please explain: _____

Have you ever been disciplined for tardiness or absenteeism by a former employer? ☐Yes ☐No

If yes, please explain: _____

The City of St. Charles hires only United States citizens and lawfully authorized alien workers. Proof of citizenship or immigration status is required for employment. Any applicant who cannot present documentation for employment eligibility and identity cannot be hired.

Conviction of a crime will not necessarily disqualify an applicant from employment with the City of St. Charles.

Are you a Veteran of the U.S. Military Service? ☐Yes ☐No Branch _____

Please indicate the languages you speak, read and/or write in the boxes below by inserting the name of each language under the appropriate assessment of your skill level:

	<i>FLUENT</i>	<i>GOOD</i>	<i>FAIR</i>
<i>SPEAK</i>			
<i>READ</i>			
<i>WRITE</i>			

Please list three (3) persons we may contact concerning your professional abilities and experiences – *please do not include relatives unless they were your employers. Supervisors are preferred.*

<i>NAME</i>	<i>POSITION</i>	<i>COMPANY/ADDRESS</i>	<i>TELEPHONE #</i>

HISTORY OF EMPLOYMENT

Please list all positions you have held within the last fifteen years (including temporary, regular, and part-time) in date order, with the most recent first. Include any verifiable work experience you may have performed on a volunteer basis and military service if applicable. **NOTE:** Please fill in all blanks. It is acceptable to write "See Resume" in the block for "brief job description" only. Failure to complete the application in full could result in not being considered for employment.

FAILURE TO INCLUDE ALL INFORMATION REGARDING DISMISSAL OR FORCED RESIGNATION, OR FALSIFIED INFORMATION ON THE APPLICATION, WILL RESULT IN THE CANDIDATE BEING DISQUALIFIED FROM CONSIDERATION OR POTENTIALLY TERMINATED FROM EMPLOYMENT IF DISCOVERED AFTER AN OFFER IS EXTENDED.*

MOST RECENT EMPLOYER

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name _____ Phone Number _____

Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name _____ Phone Number _____

Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

EMPLOYER

Are you currently working for this company? ☐Yes ☐No If yes, may we contact? ☐Yes ☐No

Indicate if this position is ☐Full-Time ☐Part Time ☐Temporary ☐Seasonal

Company Name _____ Phone Number _____

Complete Address _____

Supervisor's Name and Title _____

Starting Position _____ Ending Position _____

From _____ To _____ Beginning Salary _____ Ending Salary _____

Brief Job Description _____

Reason for Leaving _____

****If more space is required to adequately describe your experience, attach full sheets and write on each sheet your name and the title of the position for which you are applying.***

If you were employed under a different name in any of these positions, please provide name and applicable company:

Do you participate in any professional, trade, business and/or civic activities or organizations? ☐Yes ☐No

If so, please list, and list also any offices held _____

Do you possess a valid driver's or chauffeur's license in the State of Missouri? ☐Yes ☐No

If so, license number _____

Expiration Date: _____

Does your license have any restrictions? ☐Yes ☐No

If so, what? _____

Special skill qualifications _____

EDUCATIONAL BACKGROUND

	<i>Elementary</i>	<i>High School</i>	<i>College/University</i>	<i>Graduate/Professional</i>
<i>School Name</i>				
<i>Yrs Completed (Circle)</i>	<i>4 5 6 7 8</i>	<i>9 10 11 12</i>	<i>1 2 3 4</i>	<i>1 2 3 4</i>
<i>Diploma/Degree</i>				
<i>Course of Study</i>				
<i>TOTAL CREDIT HRS</i>				

HONORS RECEIVED:

List the following certifications if applicable:

	<i>DATE COMPLETED</i>	<i>WHERE COMPLETED</i>
<i>MO Div. of Safety Certification Firefighter I&II</i>		
<i>MO State Certification EMT Paramedic</i>		
<i>MO Class A P.O.S.T. CERT</i>		

HONORS RECEIVED:

Specialized Training:

Apprenticeship:

Other Certifications:

CERTIFICATION AND ACKNOWLEDGEMENT OF UNDERSTANDING

Please read carefully before signing

It is understood that the submission and consideration of this application is not an obligation on behalf of the City of St. Charles to provide employment.

If employed by the City of St. Charles, I understand and agree that such employment is subject to all City policies and procedures.

I hereby authorize the City of St. Charles to investigate the information contained herein, and I hereby release all references, previous employers and educational institutions from damages resulting from providing such information.

The City of St. Charles has adopted a Drug-Free Workplace/Workforce policy. In compliance with this policy I understand that I may be required, either before or at any time after employment, to submit to urine testing and/or other medical examination for controlled substance abuse and/or illegal drug use. Said testing and/or examination will be conducted by a health facility, medical or testing clinic or laboratory, or physician as selected and paid for by the City of St. Charles. I further acknowledge and understand that, should such test results show the presence of controlled substance abuse and/or illegal drug use, employment with the City of St. Charles may be denied or terminated.

I understand that, if employed by the City of St. Charles, I will be subject to the terms of City policy for the maintaining of a Drug-Free Workplace/Workforce policy. Therefore, I hereby agree to sign any documents deemed necessary to permit the release of and disclosure to the City of St. Charles of any testing and/or medical examination for controlled substance abuse or illegal drug use.

I agree to provide proof of my eligibility to work as required by The Immigration Reform and Control Act of 1986.

I understand that this employment application and any other City documents are not contracts of employment, and that if hired, I may voluntarily leave employment and may be terminated by the City at any time for any reason.

I certify that any and all information contained in this application and the accompanying resume is correct and complete to the best of my knowledge and belief. I agree that I have read and understand the above acknowledgements and agreements and recognize all of the above as conditions of employment.

Signature _____ Date _____

THE CITY OF ST. CHARLES IS AN EQUAL OPPORTUNITY EMPLOYER. It is the policy of the City that all applicants for employment shall be given fair and equal consideration, regardless of race, religion, color, gender, age, sexual orientation, disability, veteran status or national origin, *except that minimum age limits imposed by law are to be observed.* If selected for employment a prospective employee must provide satisfactory references for the City and meet our applicable pre-employment qualifications.

DO NOT WRITE BELOW THIS LINE

Start Date _____ ☐ Full-Time ☐ Part-Time

Location _____

Rate of Pay _____

Exempt or Non-Exempt _____